

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

CORRECTIVE ACTION PLAN	
County or State Office Location:	Region or State Office Division:
USC/MEQA Review Sample:	USC/PERM Review Year:

Problems Identified in Your County/Location:
1.
2.
3.

Please refer to MPPM 101.20 for assistance with the following:
Measures that will be taken to correct the problems identified in #1

Measures that will be taken to correct the problems identified in #2

Measures that will be taken to correct the problems identified in #3

Signatures:

Supervisor(s):	Date:	Regional Trainer:	Date:
Regional Administrator:	Date:	Division Director:	Date: